



H I B E R N I U M
Counselling & Psychotherapy Service OnLine

Consent Form for Hibernium Therapy.

Consent for Online Counseling and Psychotherapy for Hibernium Therapy,
hereinafter referred to as (HT) Consent to the processing of personal data. (GDPR)

Document content.

Client Information:

- Full Name:
- Date of Birth:
- Address:
- Phone Number:
- Email:

Nature of Services:

I, [Client's Full Name], hereby consent to engage in therapy services provided by Hibernium Therapy . I understand that these services may include but are not limited to individual therapy, couple therapy, family therapy, or other forms of counselling as deemed appropriate.

WWW.HIBERNIUMTHERAPY.COM

mobile: 00353 899 55 100 3 email: hiberniumtherapy@gmail.com

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Confidentiality and Limits:

I understand that all information shared during therapy sessions is confidential unless there is a legal obligation to disclose information in cases such as risk of harm to self or others, child protection concerns, or as mandated by law. I acknowledge that the therapist may need to share information with appropriate authorities or for supervision purposes.

Teletherapy/Online Counseling:

I understand that therapy services may be provided via online platforms or telecommunication methods. I am aware of the potential risks associated with electronic communication, including but not limited to the interception of data and technical failures. I consent to engage in therapy through these means.

Client Rights:

I am aware of my rights as a client, the right to terminate therapy at any time. Looking for support in my own language if English is not my first language.

Emergency Procedures:

In case of an emergency or if I am in crisis during a therapy session, I understand that I should contact emergency services immediately (dial 112 or the appropriate emergency number) or seek assistance from a nearby hospital or healthcare facility.

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Duration of Consent:

I understand that this consent form is valid for the duration of my engagement in therapy services. If there is a break in therapy of four weeks or more, a new consent form may be required.

Agreement:

I have read and understood the information provided in this consent form. By signing below, I acknowledge my agreement to engage in therapy services under the terms outlined herein.

Client's Signature: _____

Date: _____

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